

#### CERTIFICATE OF MAILING

I hereby certify that this paper or fee is mailed as set out in 37C.F.R. 1.8(a) and deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated below and is addressed to: MS: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: June 27, 2008

Brandie Silva

Attorney Docket No. 20371.0004c4 PATENT APPLICATION

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Barbara A. BREWITT

Group Art Unit: 1647

Application No. :

10/001,367

Filed

October 30, 2001

For

HOMEOPATHIC PREPARATIONS OF PURIFIED INSULIN-LIKE GROWTH

**FACTOR-1** 

Examiner

Jegatheesan Seharaseyon, Ph.D.

### **REPLY TRANSMITTAL**

MAIL STOP: AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### Dear Sir:

Transmitted herewith for filing in the subject patent application are the following:

- Amendment and Reply;
- Petition for Three (3) Months Extension of Time; 2.
- Check in the amount of \$525.00; and
- Return-receipt Postcard.

The claim fees have been calculated as follows:

	Number	CLP	Number	NDED		
	after		previously		Additiona	al
For	amendment		entitled to	Extra	Rate	Fee
Total Claims	23	-	23 =	0 x	\$ 25.00 =	\$ 00.00
Independent Claims	4	-	4 =	0 x	\$ 100.00 =	\$ 00.00
Multiple Dependent Clair	ms - Fee if not	prev	iously paid \$1	80.00		\$ 00.00
TOTAL ADDITIONAL	FEES FOR T	HIS	SAMENDME	NT	-	\$ 00.00

There are no additional claims fees. The small entity fee of \$525.00 for filing a Petition for Three (3) Months Extension of Time, for a fee total of \$525.00 is submitted herewith.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this document, or to credit any overpayment, to Deposit Account Number 19-3555. This sheet is filed in duplicate.

Respectfully submitted

Ann W. Speckmai

Registration No. 31,881

Date: June 27, 2008

SPECKMAN LAW GROUP PLLC

20601



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CLAIMS AS AMENDED								
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Independent Claims	4	_	4 =	0 x	\$ 100.00 =	\$ 00.00		
Multiple Dependent Clair	\$ 00.00							
TOTAL ADDITIONAL FEES FOR THIS AMENDMENT						\$ 00.00		

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